



## TRANSFER OF SPECIAL USE PERMIT

City of Manchester, 14318 Manchester Rd., Manchester, MO 63011

Ph: 636 227 1385, Ext. 107; Fax: 636 227 5438

### CURRENT SPECIAL USE PERMIT HOLDER

PLEASE PRINT

Name of Special Use Business			
Address of Special Use			
City	Manchester	Zip	
Business Phone		FAX	
Name of HOLDER of Special Use Permit			
Title			
Home Address			
City		Zip	
Home Phone		Email	

By signature, I hereby transfer my Special Use Permit to the individual/company listed below.

\_\_\_\_\_  
Signature of Special User Holder

\_\_\_\_\_  
Date

### ACCEPTANCE OF SPECIAL USE PERMIT TRANSFER

PLEASE PRINT

Name of Business			
Name of Transfer Holder			
Title			
Home Address			
City		Zip	
Phone		Email	

By signature, I hereby acknowledge and accept transfer of the Special Use Permit issued to the above, by Ordinance No. so stated, relating to the property located at above address.

\_\_\_\_\_  
Signature of Special User Holder

\_\_\_\_\_  
Date

### PLANNING AND ZONING USE ONLY

Approved By \_\_\_\_\_ Date \_\_\_\_\_  
Director, Planning and Zoning and Economic Development  
SUP Permit# \_\_\_\_\_ Ordinance# \_\_\_\_\_ SUPX Permit # \_\_\_\_\_